

## Section 1.13 Subcontractor Information - ConnectYourCare

	(a	) Complete	name of the	Subcontractor	or i	oint venture
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ConnectYourCare,LLC

(b) Complete address of the Subcontractor or joint venture

ConnectYourCare, LLC 307 International Circle, Suite 200 Hunt Valley, MD 21030

(c) Type of work the Subcontractor or joint venture will be performing; and

DCAP and FSA administrator.

(d) Description of the work to be performed by the Subcontractor or joint venture, including all rights and responsibilities regarding performance and payment.

ConnectYourCare administers DCAP and FSA support, including providing claims administration and web service for access to these accounts.

As the State's main contract will be signed with Premera Blue Cross Blue Shield of Alaska, subcontractor rights and responsibilities regarding performance and payment are the responsibility of Premera.

An Offeror's failure to provide this information may cause the State to consider the proposal non-responsive and reject it.

During the term of the contract:

(1) the State reserves the right to require the replacement of a Subcontractor or joint venture.

Premera acknowledges.

(2) the substitution of one Subcontractor or joint venture for another, whether initiated by the State or the Contractor, is subject to the written approval of the Project Director.

Premera acknowledges.



Any services provided by any subcontractor or joint venture performed in the state require a valid Alaska business license.

An Alaska business license will be established shortly after the notification of award to Premera, at the direction of the plan's account or implementation manager.